

### Statement of Understanding

1. I understand that under the sanctuary provisions provided to me by 10 U.S.C. 12686(a), if I serve the period of AD now being offered to me and which is subject of the waiver from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_, I will then be serving AD within 2 years of becoming eligible for retired pay under the military retirement pay system. After I enter that 2 year sanctuary, I cannot be involuntarily released from AD, without approval by the Secretary of the Air Force (SAF), before I become eligible for retired pay.
2. I understand that in order for me to serve this AD period, which would bring me within the sanctuary protection, I must waive my right to the sanctuary protection, which would otherwise apply to me.
3. This waiver, shown by my signature below, means I will not receive sanctuary protection even though I will be serving on AD within 2 years of becoming eligible for retired pay. Therefore, I may be released from AD without SAF approval even though I am serving on AD within 2 years of becoming eligible for retired pay.
4. I also understand neither my waiver submitted here nor any order requiring me to perform further voluntary service on AD is effective unless this waiver is approved in writing by HQ ARPC/CC, as delegated by the SAF.

I, \_\_\_\_\_, (Typed Rank, Name, SSAN) voluntarily waive my right to invoke sanctuary as provided under Title 10, U.S.C., Section 12686(b).

(Please initial)

\_\_\_\_ I have read the above explanation and have been fully counseled on the impact that it has on my participation.

\_\_\_\_ I understand that by waiving my right to sanctuary for an active duty retirement I am allowed to perform an RPA (ADSW) or MPA tour of less than 180 days.

\_\_\_\_ I understand that while performing the approved tour I may not claim sanctuary.

\_\_\_\_ I understand that for each type of AD tour that I request, except ADT, a new waiver will be requested and accomplished.

\_\_\_\_ I understand that my AD tour will not begin until I have proper approval from the SAF or designee.

\_\_\_\_ I understand that this written document will be filed at HQ ARPC/DPAFER as evidence that I have waived my right to sanctuary protection.

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MEMBER'S FULL SIGNATURE AND DATE

1<sup>ST</sup> Ind, (Program Manager)

MEMORANDUM FOR ARPC/DPRPP

I support the action of requester to waive his/her sanctuary protection to perform the above voluntary AD tour. Members' IDTs and annual tour have been completed or, at minimum, scheduled.

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Signature Block (Program Manager)

2<sup>nd</sup> Ind, HQ ARPC/DPR

Recommend Coordination

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RENIESE L. JOHNSON  
Deputy Director of Individual Reserve Programs

Privacy Act Statement: Under the Privacy Act of 1974 and Title 5, U.S.C., Section 552(a), the release of your SSN is voluntary and for identification purposes.